

L06000013880

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign
Thurs
4-29-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWARD KIDNEY CENTERS OF CORAL SPRINGS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000013880

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harold E. Kaplan, Esq.
Name of Person

Harold E. Kaplan, MHA, JD
Name of Firm/Company

1515 University Drive, Suite 201
Address

Coral Springs, FL 33071
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold E. Kaplan, Esq. at (954) 345-6338
Name of Person Area Code & Daytime Telephone Number

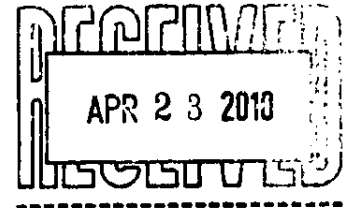
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations



April 20, 2010

HAROLD E. KAPLAN, ESQ.
HAROLD E. KAPLAN, MHA, JD
1515 UNIVERSITY DRIVE, SUITE 201
CORAL SPRINGS, FL 33071

SUBJECT: BROWARD KIDNEY CENTERS OF CORAL SPRINGS, LLC
Ref. Number: L06000013880

We have received your document for BROWARD KIDNEY CENTERS OF CORAL SPRINGS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida limited liability company and the document submitted are for a Florida corporation. The correct form is enclosed, please complete and return for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 810A00009770

RECEIVED
2010 APR 28 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Harold E. Kaplan, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for Broward Kidney Centers of Coral Springs, LLC

Name of Limited Liability Company

L06000013880

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Harold E. Kaplan

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2000 APR 28 P 1:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE